

IFB Response For

Psychological Services for Conway Human Development Center (CHDC) Department of Human Services, Division of Developmental Disabilities Services, Due Date: October 18th, 2024, at 10:30am CDT



Submitted By:

Name: Deepika Vuppalanchi, CEO, Syra Health Corp. Address: 1119 Keystone Way Ste 201, Carmel, IN 46032 Website: <u>www.syrahealth.com</u> Phone: 463-345-8950

Submitted To:

Susie Taylor Arkansas Department of Human Services Attn: Office of Procurement 700 Main Street Little Rock, AR 72201 DHS.OP.Solicitations@dhs.arkansas.gov



Table of Contents

Response to Scope of Work	2
Bid Response Package	3
Attachment A	8
Arkansas Certificate of Authority	10
Equal Employment Opportunity	11
Profiles	12



Response to Scope of Work

Syra Health has a comprehensive understanding of the scope of work outlined in the IFB for providing Psychological Services at the Conway Human Development Center (CHDC). As a healthcare provider experienced in delivering behavioral health services, we recognize the critical need for specialized psychological care for individuals with intellectual and developmental disabilities, particularly those with co-occurring psychiatric conditions. The range of services requested highlights the complexity of care required for clients ranging in age from six to eighty-five years old, and we are well-equipped to meet these demands.

We understand that our psychological examiner will work closely with the CHDC behavioral health staff, under the direct supervision of the contracted CHDC Psychologist, to ensure effective decision-making and tailored behavioral management programs. Our responsibilities will include conducting thorough psychological evaluations, interpreting test results, developing individualized treatment plans, and continuously monitoring client progress. Syra Health acknowledges the importance of collaboration with interdisciplinary teams to ensure holistic and patient-centered care.

In addition to psychological assessments, our team will be responsible for providing direct counseling and cognitive behavioral interventions, modifying treatment as necessary, and offering ongoing behavioral modification recommendations. We are also committed to attending staff meetings, conducting in-service training sessions for direct care staff, and working closely with family members to ensure that treatment plans are effectively continued at home.

For school-aged clients, our School Psychology Specialist will address all special educationrelated activities, working with the Interdisciplinary Team (IDT) to create individualized behavior management programs tailored to educational needs. The specialist will conduct comprehensive psychoeducational assessments, monitor progress, and provide behavior modification recommendations specific to special education contexts.

Our commitment to weekly client visits and thorough documentation, including monthly summaries, ensures that our care is consistent, well-documented, and responsive to client needs. Syra Health understands the importance of adhering to all state, federal, and agency guidelines and is fully prepared to meet the expectations outlined in this contract.



Bid Response Package

BID RESPONSE PACKET 710-25-025 Psychological Services/CHDC



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Address:	1119 Keystone Way Ste 201,						
City:	Carmel		State:		IN	Zip Code:	46032
Business Designation:							
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Minority and Women-Owned	□ African American □ Hispanic American □ Women-Owned						
Designation*:	□ Asian American	□ Pacific	Islander America	an			
	AR Certification #:		* See Min	ority ar	d Wome	n-Owned Busi	ness Policy
	PROSPECTIV Provide contact info		TOR CONTACT				
Contact Person:	Deepika Vuppalanc	hi	Title:		CEO		
Phone:	463-345-8950		Alternate Pho	ne:			
Email:	rfp@syrahealth.com	I					
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SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this page. Vendor must clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and shall fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	Syra Health Corp.	Date:	10/8/2024
Signature:	V. Decembra	Title:	CEO
Printed Name:	Deepika Vuppalanchi		

Bid Response Packet 710-25-025

Page 3 of 5



PROPOSED SUBCONTRACTORS FORM

 Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☑ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

Bid Response Packet 710-25-025

Page 4 of 5



DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- For Psychological Examiner psychological examiners license by the Arkansas State Board of Examiners.
- For School Psychology Specialist –certification as a School Psychology Specialist by the Arkansas Department of Education.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)

Bid Response Packet 710-25-025

Page 5 of 5



Attachment A

Member, or State Employee: Mark (v) Name of Position of Job Held [senator, representative, name of beard' commission, data entry, etc.] For How Long? What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, Spouse, John Q. Public, Jr., child, etc.] General Assembly Image: Commission of Job Held beard' commission, data entry, etc.] For How Long? What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, Spouse, John Q. Public, Jr., child, etc.] General Assembly Image: Commission of Job Held beard' commission For Mow Long? Person's Name(s) Relation Constitutional Officer Image: Commission Image: Commission Image: Commission Image: Commission State Board or Commission Image: Commission Image: Commission Image: Commission Image: Commission State Employee Image: Commission Image: Commission Image: Commission Image: Commission Image: None of the above applies Image: Commission None Sont Entry (BUSINESS)* *	UBCOMTRACTOR NAME: Yes ZNO NOR LAST NAME: Syra Health Corp. Goods? Services? Z Both? Goods? Services? Z Both? Goods? Services? Z Both? COUNTRY: SOUR LAST NAME: Syra Health Corp. GOODS? Services? Z Both? COUNTRY: SARACONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY. THE FOLLOWING INFORMATION MUST BE DISCLOSED; FO R IN DIVIDUALS * Table Board or Commission devices and the state in the stat	URGONTRACTOR NAME URGONTRACTOR NAME SYTA Health Corp. IS THE FOR: Goods? Services? Both? Goods? Bervices? Both? Goods? Goods? Both? Goods? Both? Goods? Both? Goods? Goods?	Action Number	t A					AND CERTIFICATION FORM		
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SyraHealth	
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Powering Better Health	n.

Contract Number Attachment Number Action Number	710-25-025 Attachment A Contra	ct and Grant Disclosure and	d Certification For	m
that Order, shall be	e a material breach of the to	wernor's Executive Order 98-04, or an erms of this contract. Any contractor or policy shall be subject to all legal r	, whether an individual	regulation, or policy adopted pursuant to or entity, who fails to make the require
		ding, amending, or renewing a contr		
1. Prior to entering CONTRACT AND whereby I assig	g into any agreement with an GRANT DISCLOSURE AND C	ny subcontractor, prior or subsequent ERTIFICATION FORM. Subcontractor s	to the contract date, I wi hall mean any person o	Il require the subcontractor to complete r entity with whom I enter an agreemen formance required of me under the term
2. I will include the	e following language as a p	art of any agreement with a subcontra	actor:	
pursuant to	that Order, shall be a mater	ed by Governor's Executive Order 9 rial breach of the terms of this subcon hall be subject to all legal remedies ava	tract. The party who fail	f any rule, regulation, or policy adopte ls to make the required disclosure or wh
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l certify under p that I agree to th	penalty of perjury, to the he subcontractor disclo	e best of my knowledge and bel sure conditions stated herein.	ief, all of the above i	nformation is true and correct an
Signature	Deepiba	Title_CEO		Date 10/8/2024
Vendor Contact F	Person	Title_CEO		Phone No. (463) 345-8950
	Agency Name_Department of Human Servic	Agency Contact Person	Contact Phone No	Contract or Grant No
				DHS Revision 11/05/2014



Arkansas Certificate of Authority





Equal Employment Opportunity



EQUAL EMPLOYMENT OPPORTUNITIES

SYRA HEALTH is an equal opportunity employer and complies with all applicable federal, state and local fair employment practices laws. SYRA HEALTH, strictly prohibits and does not tolerate discrimination against employees, applicants or any other covered persons because of race, color, religion, creed, national origin or ancestry, ethnicity, sex (including pregnancy), gender (including gender nonconformity and status as a transgender or transsexual individual), age, physical or mental disability, citizenship, past, current or prospective service in the uniformed services, genetic information, or sexual preference or any other characteristic protected under applicable federal, state or local law. All SYRA HEALTH, employees, other workers and representatives are prohibited from engaging in unlawful discrimination. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, training, promotion, discipline, compensation, benefits and termination of employment.

SYRA HEALTH, complies with the Americans with Disabilities Act (ADA), as amended by the ADA Amendments Act, and all applicable state or local law. Consistent with those requirements, SYRA HEALTH will reasonably accommodate qualified individuals with a disability if such accommodation would allow the individual to perform the essential functions of the job, unless doing so would create an undue hardship. If you believe you need an accommodation, refer your request to the Human Resource Department. SYRA HEALTH, will also, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

463-345-8950

www.syrahealth.com



1119 Keystone Way N Suite 201, Carmel, IN 46032



Profiles

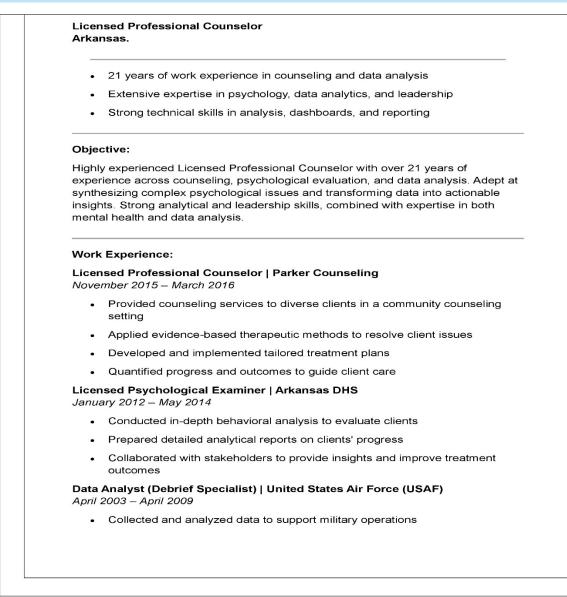
We are pleased to share the resumes of some of our potential members from Syra Health Corp. who will play integral roles with the Arkansas Department of Human Services.

The resume provided gives a comprehensive overview of the professional background, qualification, and expertise that potential our team members bring to this initiative. We believe that their diverse skills and experiences align seamlessly with the goals outlined in the proposal, reflecting our commitment to delivering high-quality services and contributing to the success of the program.





Profile – Mathew Strickland





- Developed and maintained dashboards in Excel for productivity tracking
- Delivered daily, weekly, and monthly reports for squadron leadership to support decision-making

Skills:

- Leadership and team management
- Microsoft Excel, dashboard creation
- Data analysis and reporting
- Psychological assessment and counseling
- Decision making and problem-solving
- · Analytics, search optimization, and computer science applications

Education:

Master of Science in Counseling Psychology University of Central Arkansas | May 2012 | GPA: 3.55

Bachelor of Science in Social Psychology Park University | May 2009 | Magna Cum Laude | GPA: 3.79

Bachelor of Science in Mathematics Metropolitan State University of Denver | May 2019 | GPA: 3.38

Technical Proficiencies:

- Tableau, Power BI, SQL, Python
- Microsoft Excel (Proficient)
- C#, Mathematica, R (Novice)



License Details



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Matthew Strickland

License Number P2107012 License Status Active License Expiration Date 05/31/2025 License Type LPC Initial Date of Licensure 07/23/2021 Phone (479) 443-5575 E-mail Address mjordanstrickland@gmail.com

Primary Place of Practice

Employer Psychology and Counseling Associates Street 5434 W Walsh In City Rogers Province / State ARKANSAS (AR) Zip Code 72758

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